

COUNTY OF CULPEPER
Building Department
302 North Main St
Culpeper, VA 22701
(540) 727-3405
Fax (540) 727-3461
www.culpepercounty.gov



DEMOLITION PERMIT

DEMOLITION PERMIT APPLICATION
Updated 6/13/2011

Permit # _____

RESIDENTIAL: ☐ 2006 ☐ 2009 IRC Residential PLANS ARE NOT REQUIRED

COMMERCIAL: ☐ 2006 ☐ 2009 IBC (International Building Code)

Scope of Work: ☐ Residential ☐ Commercial

ALL PERMIT APPLICATIONS MUST SUBMIT A LETTER FROM ALL UTILITIES STATING THERE ARE NO SERVICES CONNECTED.

RESIDENTIAL APPLICATIONS ARE NOT REQUIRED AN ASBESTOS REPORT PROVIDED THERE IS NOT A CHANGE OF USE.

COMMERCIAL MUST SUBMIT ASBESTOS REPORT with this application.

Describe structure/area that will be demolished. Write legibly. _____

Information requested is required.

OWNER _____

Address: _____

City /Town State zip code

*Date of Birth: _____
Month / Date / Year(ex.1960).

*Date of birth is required if the Owner is acting as Contractor

Owner Telephone: _____

IF APPLICABLE, PLEASE COMPLETE.

As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date: _____

Owner Signature: _____

Representative/Agent Name _____

Rep/Agent Telephone: _____

Site Address: _____

Directions: _____

Information requested is required.

CONTRACTOR _____

Address: _____

City/Town State zip code

Business Phone: _____

License No. _____ Class _____ Expiration _____

(Class 'C' License must have copy of signed contract.)

Copy of current VA State License attached. Ofc. verified _____

Comm./Total Sq. Footage ***required** +15,000 _____

Contract Amt /Est. Value ***required** \$ _____

Estimated Time of Construction: _____

CONTACT PERSON *required**** _____

Person to answer Plan Review Questions & Permit Pick UP

Email Address: _____

CONTACT DAY PHONE: _____

CONTACT CELL PHONE: _____

IMPORTANT NOTICE: It the responsibility of the person issued this permit to insure adherence to all building regulations. It is the responsibility of the person issued this permit to be responsible to schedule all necessary inspections and a final inspection will be necessary to close this permit. Refunds must be submitted in writing within 6 months from the date of abandonment/cancellation or expiration.

Signature of Owner/Agent Print Name _____ Date: _____

USBC 2009 Code adopted March, 2011 with one year grace until March 1, 2012
Building Official reserves the right to assign fees not shown.

FEE SCHEDULE-DEMOLITION PERMIT

FEE SCHEDULE

<i>Description of Work</i>	<i>Fee Schedule</i>	<i>Quantity</i>	<i>Amount</i>
<u>COMMERCIAL FEE SCHEDULE</u>	FLAT FEE		
Demolition Fees per Unit	\$ 50.00		
Working without a permit	\$200.00		
Change of Contractor	\$ 50.00		
<u>RESIDENTIAL FEE SCHEDULE:</u>			
Demolition Fees per Unit	\$ 25.00		
Change of Contractor	\$ 50.00		
Working without a permit	\$100.00		
		TOTAL FEE	

DEMOLITION PERMIT FEE CALCULATION

Permit Fee \$ _____

2.0% Levy per USBC \$ _____

Total Permit Fee \$ _____

TOTAL DUE \$ _____